

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

MICHAEL A BAKER
DAWN C BAKER
Debtor(s)

Case No. 09-13057

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/13/2009.
- 2) The plan was confirmed on 07/01/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 02/05/2010.
- 5) The case was dismissed on 02/19/2010.
- 6) Number of months from filing to last payment: 5.
- 7) Number of months case was pending: 12.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$40,600.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$2,303.02
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$2,303.02**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$855.88
Court Costs	\$0.00
Trustee Expenses & Compensation	\$122.76
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$978.64**

Attorney fees paid and disclosed by debtor: \$226.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALLERGY & ASTHMA CLINIC	Unsecured	30.00	NA	NA	0.00	0.00
ALLIED ALPHA ASSISTANTS	Unsecured	20.00	NA	NA	0.00	0.00
AMERICAN GENERAL FINANCE	Secured	200.00	200.00	200.00	118.71	1.63
AMERICASH LOANS	Unsecured	1,600.00	NA	NA	0.00	0.00
AMERICASH LOANS	Unsecured	1,300.00	1,303.62	1,303.62	0.00	0.00
AMERICREDIT FINANCIAL	Unsecured	NA	189.92	189.92	0.00	0.00
AMERICREDIT FINANCIAL	Secured	200.00	200.00	200.00	118.71	1.63
ASSOC ANESTHESIOLOGISTS JOLIET	Unsecured	100.00	NA	NA	0.00	0.00
ASSOC PATHOLOGISTS OF JOLIET	Unsecured	20.00	NA	NA	0.00	0.00
ASSOC RADIOLOGISTS OF JOLIET	Unsecured	15.00	NA	NA	0.00	0.00
AT&T BUNDLED W/OUT LOCAL	Unsecured	190.00	NA	NA	0.00	0.00
AT&T MOBILITY LLC	Unsecured	230.00	NA	NA	0.00	0.00
CAPITAL ONE BANK	Unsecured	800.00	735.43	735.43	0.00	0.00
CAPITAL ONE BANK	Unsecured	800.00	705.91	705.91	0.00	0.00
COLLECTION PROFESSIONALS INC	Unsecured	60.00	61.62	61.62	0.00	0.00
COLLECTION PROFESSIONALS INC	Unsecured	NA	100.00	100.00	0.00	0.00
COMED LEGAL REVENUE RECOVERY	Unsecured	850.00	702.11	702.11	0.00	0.00
CREDIT PROTECTION ASSOC	Unsecured	135.00	NA	NA	0.00	0.00
CREDITORS DISCOUNT & AUDIT	Unsecured	200.00	NA	NA	0.00	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	400.00	801.58	801.58	0.00	0.00
EPIC GROUP	Unsecured	800.00	NA	NA	0.00	0.00
ESOTERIX LABORATORY SERVICES	Unsecured	200.00	NA	NA	0.00	0.00
FIRST MIDWEST BANK	Secured	18,348.00	0.00	0.00	0.00	0.00
FIRST MIDWEST BANK	Secured	0.00	0.00	0.00	0.00	0.00
GRUNDY RADIOLOGISTS	Unsecured	80.00	NA	NA	0.00	0.00
HAVERIC MEDICAL LTD	Unsecured	30.00	NA	NA	0.00	0.00
HEALTHSOUTH	Unsecured	55.00	NA	NA	0.00	0.00
HEIGHTS FINANCE	Unsecured	3,500.00	NA	NA	0.00	0.00
HINSDALE ORTHOPAEDIC ASSOC	Unsecured	5,100.00	NA	NA	0.00	0.00
IL DEPT OF EMPLOYMENT SECURITY	Unsecured	3,500.00	3,198.00	3,198.00	0.00	0.00
ILLINOIS COLLECTION SERVICES	Unsecured	300.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
INSTITUTE FOR PERSONAL DEVELOP	Unsecured	3,800.00	NA	NA	0.00	0.00
JOLIET RADIOLOGICAL	Unsecured	260.00	NA	NA	0.00	0.00
KIDDER MUSIC SERVICE INC	Unsecured	770.00	607.97	607.97	0.00	0.00
MORRIS HOSPITAL	Unsecured	1,060.00	NA	NA	0.00	0.00
NICOR GAS	Unsecured	1,300.00	NA	NA	0.00	0.00
NICOR GAS	Unsecured	1,390.00	1,683.81	1,683.81	0.00	0.00
OSI COLLECTION SERVICE	Unsecured	80.00	NA	NA	0.00	0.00
PERSONAL FINANCE	Unsecured	3,800.00	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	1,220.00	NA	NA	0.00	0.00
RIVERSIDE FINANCE INC	Secured	2,637.00	2,637.00	2,637.00	1,052.48	31.22
SBC AMERITECH	Unsecured	200.00	NA	NA	0.00	0.00
SCHOLASTIC	Unsecured	15.00	NA	NA	0.00	0.00
SCHOLASTIC	Unsecured	20.00	NA	NA	0.00	0.00
SHAPE	Unsecured	20.00	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	1,380.00	587.50	587.50	0.00	0.00
THE CASH STORE	Unsecured	1,880.00	NA	NA	0.00	0.00
TINLEY WOODS ANESTHESIA SERVICE	Unsecured	240.00	NA	NA	0.00	0.00
TRACE AMBULANCE	Unsecured	33.00	NA	NA	0.00	0.00
WILL COUNTY MEDICAL ASSOCIATE	Unsecured	130.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$3,037.00	\$1,289.90	\$34.48
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$3,037.00	\$1,289.90	\$34.48
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$10,677.47	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$978.64</u>	
Disbursements to Creditors	<u>\$1,324.38</u>	
TOTAL DISBURSEMENTS :		<u>\$2,303.02</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/22/2010

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.